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ST. ALBANS CITY COUNCIL



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

JAMES C. SLEIGH, M.B., Ch.B., D.P.H.

AND

CHIEF PUBLIC HEALTH INSPECTOR

R. E. C. GODDARD, F.A.P.H.I., M.R.S.H.

FOR THE YEAR

1960

ST. ALBANS:

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PUBLIC HEALTH COMMITTEE

ST. ALBANS CITY

Councillor L. F. GERRARD (*Chairman*)

Alderman A. BLOTT, J.P.

Councillor E. M. B. BONE

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Councillor E. T. SPEAR

Councillor L. H. WEBBER

PUBLIC HEALTH OFFICERS

JAMES C. SLEIGH, M.B., Ch.B., D.P.H.

Medical Officer of Health

R. E. C. GODDARD, F.A.P.H.I., M.R.S.H.,

Chief Public Health Inspector

L. A. CROFT, M.A.P.H.I., M.R.S.H.,

Deputy Chief Public Health Inspector

Health Inspectors

J. CABOURNE, M.A.P.H.I. (Resigned 2nd August)

B. W. GOODE, M.A.P.H.I.

F. W. P. HARMSWORTH, M.A.P.H.I. (Commenced 1st December)

C. W. MCHUGO, F.R.I.C.,

Public Analyst

MRS. K. F. JAMES,

Secretary

Clerks

MISS B. MUNT (Resigned 3rd September)

MISS B. PRECHNER (Commenced 24th October)

R. H. FOX

Public Health Assistant

Health Department,
15 Hatfield Road,
St. Albans.

*To the Mayor, Aldermen and Councillors of the City of St. Albans
and the Chairman and Councillors of the St. Albans Rural
District Council.*

MR. MAYOR, MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my report on the health of the City of St. Albans and the St. Albans Rural District for 1960. As this will be the last opportunity I shall have of presenting, at any rate, a full report, I have added some comments, under the various headings, in regard to 1961 up to the 1st August.

I have now been a Medical Officer of Health for 30 years, in various parts of the country, and I feel very definitely that the time has come for a review of the Services provided under the Health Authority both at Government level and Local Government level. Some Services were started, and started for very good reasons, but these reasons have to a large extent disappeared and I would suggest that the time has come for a very careful re-appraisal of what Services are necessary and also what new Services should be provided. There is not an unlimited amount of money, or personnel, available for the Health Service and it would appear to be essential that this limited money and personnel should be used to the best advantage.

The shortage of personnel is particularly marked in the Nursing Services, especially midwives. Nurses can now obtain many other posts involving more or less fixed hours and easier conditions of work, e.g. factory nurses. Whether these are more essential than domiciliary nursing and especially midwifery, must be open to question. Midwives are having a very difficult time just now; the birth rate has gone up but the supply of midwives has not increased and they are all very hard pressed both in hospital and in the district.

In considering this question I would suggest that the Council should consider—"Would you provide such and such a Service, which is in existence now, if it was not in existence?" That is, is this particular Service essential? It is often very much easier to start a Service than to stop it; to stop any Service will certainly be opposed by at least some interested parties, but the Services cannot increase indefinitely without some pruning of redundancy, accord-

ing to the change of circumstances which has occurred during the last 30 years.

The treatment of maternity cases in hospital is causing very considerable worry. Ideally confinement is not a disease and should be dealt with in the patient's home. In the old days, before the invention of penicillin, there was undoubtedly considerably increased risk of puerperal fever in hospitals, then with the invention of penicillin, this practically ceased. Unfortunately Nature has a habit of hitting back. Penicillin and the other anti-biotics do hit most of the germs which cause puerperal fever but unfortunately it does not hit them all and, with the marked use of anti-biotics in hospitals, the remaining comparatively few germs have increased very markedly and these are unaffected by anti-biotics. We have now come to the stage when infection in hospital is causing us very serious worry and though not nearly so bad as it was before the penicillin era, there can be no reasonable doubt that where the home conditions are good and there are no medical reasons for hospital delivery, it is much better for the patient to have her baby at home.

There has been a considerable difficulty in dealing with caravans on unlicensed sites, in particular on Colney Heath Common. The legal position is very involved and it is by no means clear what powers the Council have in dealing with this. Caravanners may be divided into two main classes: (1) Genuine gypsies, who on the whole have proved to be very co-operative and quite willing to pay a reasonable site fee for their caravans, provided water and sewerage is made available. (2) The others: who vary tremendously from, what one might call the travelling holiday caravan, who are usually quite co-operative, to the vagrant, collecting anything they can lay their hands on for sale, such as scrap metal. These have proved to be very difficult. Their ideas of sanitation are crude in the extreme, and they are very inclined to use any convenient bush or stream for toilet purposes. This can give rise to a very serious Public Health problem, affecting not only those living in the caravans but, because of the danger of fly-borne disease, the immediate neighbourhood. I believe that the only satisfactory method of dealing with this problem is for properly laid-out sites, complete with water and some form of sewage disposal, be placed by the County Council, not the local District Councils, at such points as would appear to be necessary. Practically speaking, all local councils are inclined to the view that these people should be pushed out of their territory, but this does not solve the problem for the County or the country as a whole. If the County will undertake this, by no means easy task, local District Councils must be prepared to accept such caravan sites in their area, as the County Council may decide.

The general health of the district remained good and was remarkably free from epidemic disease, but in the early part of 1961 a very heavy, but mild, epidemic of measles took place, as was expected on the two year cycle.

To you, Mr. Mayor, Mr. Chairman, Ladies and Gentlemen, I wish to record my sincere thanks for the consideration and help you have at all times shown to me, and to my staff I wish to record my sincere thanks for their able and conscientious performance of their duties.

I am also deeply indebted to the chief clerk, secretary and staff in the Divisional Health Office for their assistance in preparation of the statistics for this report, and for the many extra duties carried out by them during the year, which were actually outside their Divisional Health Office duties.

I have the honour to be,

Your obedient servant,

J. C. SLEIGH,

Medical Officer of Health.

Section A

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

	St. Albans City	St. Albans R.D.C.
Registrar General's estimate of resident population	49,180	37,090
Area (in acres)	5,129	32,084
Number of inhabited houses on the Rate Books—		
Dwelling Houses	15,099	9,422
Shops with living accommodation	311	87
Licensed Premises with living accommodation	75	59
	TOTAL ...	15,485
Rateable Value	£949,380	£491,318

Extracts from Vital Statistics

	St. Albans City			St. Albans R.D.C.		
	M.	F.	Total	M.	F.	Total
Live Births—						
Legitimate	469	433	902	318	308	626
Illegitimate	24	25	49	12	16	28
Birth Rate per 1,000 of the estimated population .			19.34			17.63
Stillbirths	9	8	17	5	6	11
Deaths	260	273	533	229	232	461
Death Rate per 1,000 of the estimated resident population			10.84			12.43

Birth and Death Rates

Obviously the birth rate in any community will be affected by the percentage of women of child-bearing age and marital status in that community, compared with the average of the country as a whole.

Especially or even more so, a community with a high proportion of elderly people must have a higher death rate than one with few old people and many young ones.

In order to make comparisons between the rates in different areas and the country as a whole, the Registrar General has supplied “Comparability Factors” to be applied to these two rates so that comparisons can be made.

Applying these two factors to the City and R.D.C. gives the following results: —

	Crude Birth Rate	Comparable Birth Rate	Crude Death Rate	Comparable Death Rate
City ...	19.34	18.57	10.84	10.95
R.D.C. ...	17.63	18.34	12.43	8.58

Deaths from Pregnancy, Child Birth, Abortion

St. Albans City			St. Albans R.D.C.					
Deaths	Rate per 1,000 (Total-live and Stillbirths)		Deaths	Rate per 1,000 (Total live and Stillbirths)				
—	—		—	—				
Deaths of Infants under one year of age								
			St. Albans City		St. Albans R.D.C.			
			M	F	Total	M.	F.	Total
Legitimate	5	8	13	9	6	15
Illegitimate	—	—	—	—	—	—
Death Rate of Infants under 1 year of age.								
All infants per 1,000 live births			...			...
			13.67			22.94		
Combined Rate			...			17.45		
Neonatal Death Rate			...			11.57		
						9.17		

The following table gives the Death, Birth and Infant Mortality Rates since 1947:—

Year	DEATH RATE		BIRTH RATE		INFANT MORTALITY RATE	
	St. Albans City	St. Albans R.D.C.	St. Albans City	St. Albans R.D.C.	St. Albans City	St. Albans R.D.C.
1947	12.6	9.2	17.9	16.5	33.0	54.0
1948	10.2	6.98	17.2	14.54	19.2	18.1
1949	11.5	8.2	18.2	14.8	13.1	22.2
1950	11.3	7.7	16.3	13.2	33.3	22.5
1951	12.0	7.7	16.4	13.3	27.6	29.1
1952	10.6	6.8	16.5	12.8	27.1	8.1
1953	11.52	18.05	15.60	14.46	29.87	28.64
1954	10.83	17.74	15.43	14.48	18.54	16.59
1955	10.32	19.10	15.93	15.16	15.23	15.28
1956	10.99	19.31	16.31	14.43	15.77	19.78
1957	10.87	16.00	15.48	15.31	15.03	17.79
1958	10.51	13.63	16.90	17.29	22.25	18.46
1959	11.45	12.08	17.62	17.76	16.34	23.51
1960	10.84	12.43	19.34	17.63	13.67	22.94
1902	10.9		21.4		67.4	
1901	13.0		21.6		135.4	

Causes of Death

	St. Albans City		St. Albans R.D.C.		
	M.	F.	M.	F.	
1. Tuberculosis, respiratory	—	1	1	—	
2. Tuberculosis, other	—	—	—	—	
3. Syphilitic disease	1	—	1	—	
4. Diphtheria	—	—	—	—	
5. Whooping Cough	—	—	—	—	
6. Meningococcal infections	—	—	—	—	
7. Acute Poliomyelitis	—	—	—	—	
8. Measles	—	—	—	—	
9. Other infective and parasitic diseases	—	—	—	2	
10. Malignant neoplasm, stomach .	5	3	9	1	Cancer 168
11. Malignant neoplasm, lung, bronchus	24	4	13	1	
12. Malignant neoplasm, breast ...	—	10	—	4	
13. Malignant neoplasm, uterus ...	—	3	—	2	
14. Other malignant and lymphatic neoplasms	20	27	22	12	
15. Leukaemia, alukaemia	—	2	5	1	
16. Diabetes	2	3	2	1	
17. Vascular lesions of nervous sys- tem	37	61	16	34	
18. Coronary disease, angina	49	31	37	26	Heart Disease 300
19. Hypertension	3	11	3	6	
20. Other heart disease	25	41	25	43	
21. Other circulatory disease	12	9	8	23	
22. Influenza	1	—	—	1	
23. Pneumonia	15	8	27	34	
24. Bronchitis	19	16	9	6	
25. Other diseases of respiratory system	—	1	5	1	
26. Ulcer of stomach and duodenum	5	1	—	1	
27. Gastritis and enteritis, diarrhoea	1	1	—	1	
28. Nephritis and nephrosis	3	1	4	—	
29. Hyperplasia of prostate	7	—	5	—	
30. Pregnancy, childbirth and abor- tion	—	—	—	—	
31. Congenital malformations	3	1	3	4	
32. Other defined and ill-defined diseases	13	28	20	21	
33. Motor vehicle accidents	6	—	8	1	
34. All other accidents	6	7	5	5	
35. Suicide	3	3	1	1	
36. Homicide and operations of war	—	—	—	—	
TOTALS ...	260	273	229	232	994

Once again, the greatest single cause of death was, excluding heart disease, cancer. “Heart Disease” was chiefly a normal termination of life in old age—something which is inevitable, and most of the 300 cases would be more reasonably classified as “Old Age”.

There has been considerable agitation for further propaganda and education in regard to Cancer, especially trying to get people to come early. Unfortunately we are not yet in a position to say that even the earliest case of Cancer can be cured and personally I am not keen on propaganda which is not entirely truthful. If we could say that "If you will come up early we will cure you", I should be all in favour of carrying out this propaganda, but unfortunately this is not the case.

Vital Statistics, 1960 — England and Wales

Provisional figures based on Quarterly Returns of Registrar General.

BIRTHS

Live Births (per 1,000 total population) ...	...	...	17.1
Stillbirths (per 1,000 total live and stillbirths) ...	...	...	19.7

DEATHS

All Causes (per 1,000 total population) ...	...	...	11.5
Infants under 1 year (per 1,000 related live births) ...	...	...	21.7
Maternal Mortality (per 1,000 total live and stillbirths) ...	...	...	0.39
Neonatal Death Rate (per 1,000 related live births) ...	...	...	15.6

This table is included to enable comparisons to be made between local rates and national rates, but in dealing with the relatively low numbers from which local rates are calculated, one must be very cautious about drawing conclusions.

Number of Deaths and Death Rate from Tuberculosis and Cancer, 1960

The provisional numbers of deaths and death rate per million population for England and Wales during the year 1960 are as follows:—

		NUMBER			RATE		
		Males	Females	Persons	Males	Females	Persons
Respiratory Tuberculosis		2,332	762	3,094	106	32	68
Other Tuberculosis	...	160	172	332	7	7	7
Cancer of lung and bronchus	...	18,876	3,116	21,992	855	132	481
Other cancer	...	33,882	42,817	76,699	1,535	1,808	1,676

Average Age at Death

		Harpenden U.D.C.		St. Albans M.B.		St. Albans R.D.		St. Albans Health Division (Excluding Elstree R.D.)	
		M.	F.	M.	F.	M.	F.	M.	F.
All Deaths									
1953		69.05	68.10	63.41	69.09	62.89	70.05	63.95	69.39
1960		64.66	71.21	67.24	71.32	62.86	70.90	65.08	71.14

Excluding deaths of infants under 1 year of age

1953	72.73	69.92	66.58	71.39	64.74	71.40	66.62	71.20
1960	69.06	74.95	68.59	73.52	65.44	72.71	67.42	73.38

ANALYSIS OF INFANT MORTALITY
(Combined figures for two authorities)

Cause of Death	AGE AT DEATH									
	Under 1 week	1 and under 2 weeks	2 and under 3 weeks	3 and under 4 weeks	Total under 1 month	1 and under 3 months	3 and under 6 months	6 and under 9 months	9 and under 12 months	Total under 1 year
Prematurity	4		1		5					5
Gastro Enteritis										
Pneumonia							1			1
Congenital Malformations	7	2			9	1	1	2	2	15
Infection							1		1	2
T.B.										
Whooping Cough										
Difficult Labour	2				2					2
Other Causes	1				1	2				3
All Causes	14	2	1		17	3	3	2	3	28

It will be noticed that of the 28 deaths under one year of age, 15 were due to congenital conditions, 14 of them living less than one week. Several of the 15 lived only a matter of minutes. Some 30 years ago the chief cause of death under one was marasmus but over the last few years this has ceased.

Section B**GENERAL PROVISIONS OF THE HEALTH SERVICES
FOR THE AREA****Welfare Centres and Clinics****Bricket Wood—The Scout Hut, Black Boy Wood**

Infant Welfare ... 2nd and 4th Tuesdays 2-4 p.m.

Colney Heath—The Pavilion

Infant Welfare ... 1st and 3rd Tuesdays, 2.30-4 p.m.

Minor Ailments treated in children's own homes or at local school.

Harpenden—Memorial Hospital (Harpenden 3696)

Ante-Natal ... Mondays, 2-4 p.m.

Orthopaedic ... Saturdays, a.m. (Surgeon attends once monthly.)

40 Luton Road (Harpenden 40)

Ophthalmic ... Mondays, 10 a.m.-12 noon.
(By appointment.)

Minor Ailments ... 2nd Wednesday in month 9 a.m.-12 noon
(Dr. attends).

Speech Therapy ... Tuesdays, 9.30-12 noon; 2-4 p.m.
(By appointment.)

Infant Welfare ... 1st and 3rd Wednesdays, 1.45-4.30 p.m.

Dental ... Tuesdays, 10.30 a.m.-12 noon.
Thursdays 10.30 a.m.-12 noon; 2-4 p.m.
Fridays, 10.30 a.m.-12 noon; 2-4 p.m.
(By appointment.)

Batford J.M.I. School, Pickford Hill

Infant Welfare ... 2nd and 4th Wednesdays, 1.45-4.30 p.m.

London Colney—Primary School, Alexander Road

Speech Therapy ... Mondays and Wednesdays, 9.30 a.m.-12 noon.

Minor Ailments ... Fridays, 9.30 a.m.-12 noon.
(Dr. attends 2nd and 4th.)

Infant Welfare ... Thursdays, 1.45-4.30 p.m.
(Dr. attends 1st and 3rd.)

Redbourn—Congregational Hall

Infant Welfare ... 2nd and 4th Tuesdays, 2.30-4.30 p.m.

Minor Ailments treated 8.15-8.30 a.m. and 6.15-6.45 p.m. at nurse's
residence, 18 Bettespool Meadows (Redbourn
251).

St. Albans—Village Hall, Park Street

Infant Welfare ... 2nd and 4th Mondays, 1.30-4 p.m.

Mandeville J.M.I. School

Infant Welfare ... 1st and 3rd Thursdays, 2-4 p.m.

Margaret Wix Health Annexe—High Oaks (St. Albans 56994)

Infant Welfare ... Wednesdays, 1.30-4 p.m.
(Dr. attends 1st and 3rd.)

Speech Therapy ... Wednesdays, 9.30 a.m.-12.30 p.m.

Dental ... Monday a.m. and p.m. (weekly).*
Friday a.m. and p.m. (weekly).*

*By appointment.

Wellington Court, Bricket Road (St. Albans 50421/2)

Immunisation and Minor Ailments			Mondays, 9 a.m.-12 noon. (Dr. attends 9.30 a.m.)
Dental	...	...	Monday, Tuesday, Wednesday, Thursday and Friday, 9.30 a.m.-12.30 p.m. Saturdays, 9.30 a.m.-12 noon (alternate). Monday, Tuesday, Wednesday, Thursday and Friday, 2-5 p.m.
Orthoptic	...	...	Thursday and Friday, 9 a.m.-12 noon; 2-4.30 p.m.
Ophthalmic	...	...	Tuesday and Friday, 10 a.m.-12 noon.
Speech	...	...	Monday, Wednesday and Thursday, 9.30 a.m.- 12.30 p.m. Monday, Wednesday and Thursday, 1.30-4.30 p.m.
Ante-Natal	...	...	Wednesday, 2-4 p.m.
Infant Welfare	...	...	Tuesday and Friday, 1.30-4 p.m. (Dr. attends Friday.) Foods issued Tuesday and Friday.

Bricket House, Bricket Road (St. Albans 55431)

Orthopaedic	...		Monday, Wednesday, Friday, all day. Surgeon attends 3rd Wednesday and 2nd Friday, p.m.
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Osterhills Hospital, Normandy Road (St. Albans 52211)

V.D. (Women)	...		Tuesday, 5-7 p.m.; Friday, 2-4 p.m.
V.D. (Men)	...		Tuesday, 5-7 p.m.; Friday, 10 a.m.-12 noon.
Post-Natal	...	...	Wednesday, 11 a.m.
Chest Clinic	...		Tuesday, 10.30 a.m. (children). Monday, 2 p.m. (St. Albans patients).

Hill End Hospital (St. Albans 55555)

Child Guidance	...		Mondays to Fridays a.m. and p.m.
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Sandridge—The Parish Hall

Infant Weighing	...		2nd and 4th Tuesdays, 2.30-3.30 p.m.
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Shenley

Minor Ailments treated at school.

Wheathampstead—Mead Hall, East Lane

Infant Welfare	...		2nd and 4th Fridays, 2.30-4 p.m. (Dr. attends 3 p.m.)
Minor Ailments treated			8.30-9 a.m. at nurse's residence, 5 Brewhouse Hill (Wheathampstead 3123).

The original plan for the provision of Health Centres in and near the City is approaching fruition. The new Health Centre at Mandeville school should be opened about Christmas, 1961, Skyswood about Easter, 1962, and Cunningham Hill about July, 1962. This will give, along with the new Health Centre to be built as part of the new Civic Centre, a very good cover for the County Health Services in the City and its immediate surroundings.

It is difficult to estimate, especially with the freeze in expenditure, when the Civic Centre clinic will be opened but I hope within two or three years. When the new clinic is built Wellington Court will be demolished and on the site thereof will be erected a new Day Nursery. This is certainly the most suitable site that could possibly be found for a Day Nursery and will at last solve the problem of dispensing with the present Day Nursery at Fleetville. I would like to record my thanks to the City Council for their consideration in allowing us to continue the use of Fleetville for so long.

National Health Service Act

The Divisional Administration of the Health Services administered by the Local Health Authority, the County Council, continues to work very smoothly and an increasing amount of detailed administration is being passed out to Divisional Health Offices from Hertford.

The records available in the Divisional Health Office on Local Health Authority work are of the greatest value to me in my Local Sanitary Authority (Medical Officer of Health) work, especially in what is my most difficult job, assessing medical points for housing applications.

Every ambulance journey exceeding 50 miles outwards has to be sanctioned by me as Divisional Medical Officer, and I can assure you that the case is investigated very carefully indeed before consent is given.

Ambulance Service

I am grateful to Divisional Officer Gunnett for the following report:—

During the year 1960 the directly provided Ambulance Services at St. Albans and Harpenden carried 29,568 patients and covered 163,691 miles but their area of responsibility includes not only the City and greater part of the rural District but some part of the Hemel Hempstead Rural District (The Markyate area). The Hospital Car Service were also employed, being very useful and helpful in relieving the Brigade of many runs to London Hospitals.

The work of converting the Ambulances and sitting vehicles from petrol to diesel propulsion has progressed during the year, showing a great saving on fuel consumption. One new Ambulance, designed for diesel fuel has been delivered. As Daimler no longer make ambulances the Brigade is experimenting with a Dennis dual-purpose model which can act as an emergency appliance for recumbent patients but may be quickly adapted to a 10-seater sitting vehicle. So far this experiment is working well.

Hospitals

I am indebted to Mr. E. J. Burgess, Secretary, Mid-Herts Group Hospital Management Committee, for the following information:—

The allocation of beds is as follows:

							St. Albans City Hospital
Surgical	...	...	...	...	...	...	60
Medical	...	...	...	...	...	...	83
Orthopaedic	...	...	...	...	...	...	44
Paediatric	...	...	...	...	...	...	40
Geriatric	...	...	...	...	...	...	78
Maternity	...	...	...	...	...	...	23
Gynaecological	...	...	...	...	...	...	26
Recovery Ward	...	...	...	...	...	...	12
Infectious Diseases	...	...	...	...	...	...	18
Private Wing—							
Section 5 Beds	...	...	...	...	...	...	4
Section 4 Beds	...	...	...	...	...	...	6
						Total	394
In-patient Discharges	...	...	...	...	...	...	7,282
Total Out-patient Attendances	...	...	...	...	...	...	48,325
Casualty	...	...	...	...	...	...	22,313
X-Ray Department Total Units	...	...	...	...	...	...	56,896
Physiotherapy Attendances	...	...	...	...	...	...	31,660

School Medical Service

This service continues to work very smoothly, due largely to the help and co-operation received from Head Teachers. I have been very impressed by the interest taken by parents and in about 75% of the examinations, one of the parents has been present.

The innovation of calling parents up when their children are re-examined following a defect found at a previous examination has proved to be very valuable and is, I believe, thoroughly appreciated by the parents. The attendance of parents at such examinations is very good indeed. It was considered that this might overload the School Medical Officers, in that it would possibly take more time to deal with each individual case, but in practice we find

that by calling the parents we do not have to call the children so often, and this fully balances the apparent disadvantage.

Medical inspections in schools undoubtedly cause considerable interruption in the normal life of the school and I would like to record my sincere thanks to Head Teachers for their co-operation in this. In two schools in the area, one in Boreham Wood and one in St. Albans, we tried the experiment of holding the medical inspections just before the opening of the schools after Christmas and after Easter, to try and obviate disturbance to the school routine. We were rather worried as to whether attendances would be satisfactory if we did the school medical examinations before the opening of the school, but found that the attendances were just about the same as if we had done them during the school term; there are always some absentees, due to sickness, etc., but the percentage was not noticeably increased.

Milk and Meals in Schools

These are of a very high standard and a well worth while investment. Washing facilities appear adequate in most cases and food preparation rooms and kitchens clean, though space is often limited.

Health Visiting

There are 21 health visitors in the St. Albans Division of Hertfordshire. They are employed for the visiting of persons in their homes for the purpose of giving advice as to the care of young children, old persons, persons suffering from illness, and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection.

Nursing Homes and Old People's Homes

There are four Registered Nursing Homes in this area, and nine Registered Old People's Homes. All are regularly inspected.

Section C

SANITARY CIRCUMSTANCES OF THE AREA

Water Supplies

See Public Health Inspector's Report.

Drainage and Sewerage

See Public Health Inspector's Report.

Swimming Baths

The public swimming baths in the area—one in the City and two in the Rural District—have at all times been well maintained. Continuous filtration and chlorination is carried out at all three and the bacteriological results, which are checked frequently throughout the summer have proved very satisfactory.

Public Baths

These have been going now for over ten years and undoubtedly provide a much-needed service. I have always emphasised that this service is a Public Health service and cannot be expected to be financially self-supporting, but the increasing numbers using the baths suggest that the gap between income and expenditure will decrease, but it will, I am sure, never close. To put up the charges would, I feel sure, increase not decrease the gap.

Mortuary

The following bodies were removed to the mortuary:

Adult—Males	...	...	...	...	...	74
Females	...	...	...	...	...	32
Children—Males	...	...	...	...	...	4
Females	...	...	...	...	...	2
Number of Post Mortems	...	...	...	...	...	104

Agreement in principle has been arrived at with the Management Committee of St. Albans Hospital, that when the new Civic Centre gets so far as to require the demolition of the present mortuary, the Hospital will provide mortuary facilities not only for their patients but for the district as well. A contribution towards the cost will be made by the Council.

General Nutrition

Poor nutrition is rare and often is the result of fussing parents indulging in food fads. Underweight children often are of small birth weight, or have small parents.

Nursing in the Home

The District Nursing Sisters are available for all cases of domiciliary nursing, which includes Midwifery and General Nursing and in all cases where there is illness in the home and where a request is made personally or at the request of the doctor in attendance.

Home Help Service

This service is administered by the Herts County Council and provides domestic help for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over school age within the meaning of the Education Act 1944.

The Organiser, who is a member of the Divisional Health Office staff, receives requests from doctors, health visitors, midwives, hospital almoners and welfare organisations, but these requests must be backed up by a medical or a nurse's certificate. No one is denied help on financial grounds and every case can be assessed according to the family income.

The service is proving extremely popular. So much so, in fact, that we are unable to provide all the home help that is desired because we cannot get sufficient numbers of Home Helps. This is particularly difficult in the period Christmas—Easter when, of course, illness is at its height and one must remember that illness affects Home Helps as well as other members of the community.

Section D

HOUSING

Rehousing is still the greatest problem confronting the two Councils. Both use a points scheme, and in addition all certificates from medical practitioners requesting priority for any of their patients are submitted to me as Medical Officer of Health. I have the power to allocate additional points on medical grounds without disclosing my reason for doing so. In extreme cases I also have the power of giving absolute priority, but this power I am very unwilling to use as, of course, if this power were abused it would ruin the whole points scheme, with which I am completely in favour.

The duty thus imposed on me is a very difficult one, and I have no doubt that on occasions I shall make mistakes, but I can assure both Councils that I shall do my utmost to make their housing scheme work as fairly as is humanly possible, bearing in mind the very large and urgent demand for houses.

Points are allotted independently of me for such conditions as overcrowding. I therefore never give points for conditions which already attract points under the Housing points scheme

Section E

INSPECTION AND SUPERVISION OF FOOD

Food Poisoning Outbreaks

The following food poisoning outbreaks and isolated cases were reported:—

ST. ALBANS CITY	ST. ALBANS R.D.C.
1 Single case (Typhi-Murium)	1 Single case (Butantan)
2 Single cases (Untyped)	

Section F

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

Notifiable Diseases (other than Tuberculosis) during 1960

				St. Albans City		St. Albans R.D.C.	
				Notified	Deaths	Notified	Deaths
Scarlet Fever	...	...		18	—	35	—
Whooping Cough	...	...		87	—	35	—
Measles	...	...		85	—	93	—
Pneumonia	...	...		13	—	—	—
Erysipelas	...	...		1	—	5	—
Food Poisoning	...	...		3	—	1	—
Infective Hepatitis	...	...		8	—	2	—
Puerperal Pyrexia	...	...		4	—	—	—
Meningococcal Infection	...	...		—	—	—	—
Poliomyelitis (Paralytic)	...	...		—	—	1	—
Poliomyelitis (Non Paralytic)	...	...		—	—	—	—
Dysentery	...	...		31	—	25	—
Acute Encephalitis	...	...		—	—	—	—
Ophthalmia Neonatorum	...	...		1	—	—	—

Poliomyelitis

There was one case of poliomyelitis, paralytic. The infection, undoubtedly in this case, arose outside the area as the case had just moved in from abroad.

Poliomyelitis vaccination is now available to all up to the age of 40 and the response to open sessions has been very good, embarrassingly so on one occasion when 650 turned up on a Saturday morning.

Research is going on all over the world on two different lines: (1) To produce a combined vaccine (diphtheria, whooping cough, tetanus and poliomyelitis). The difficulty I foresee in this is that whooping cough vaccination should be done very early, about two to three months, whereas poliomyelitis vaccination is not effective under the age of seven months. (2) A living virus but attenuated so that it is harmless, has been extensively used in America, Russia

and, under close control, in this country. So far the difficulty, in this country at any rate, has been that although the virus is harmless to the person it is given to, sometimes it becomes virulent on passing through that person and can give rise to cases of definite poliomyelitis in others, but this difficulty appears to be on the way to solution. One possible advantage in vaccination by this form is that it is given by mouth and not with a syringe.

The principle of living, non-virulent vaccines is very old, vaccination against smallpox is one, but of course it is absolutely necessary to be sure that there is no risk of provoking the real disease.

Winter Sickness

Winter sickness continued off and on during the year. A considerable outbreak occurred on the children going back to school or entering school for the first time in September. It was by no means confined to the old type of school such as Bernards Heath, but was very marked at Windermere and Margaret Wix Infant.

Swabbing results of nose and throat were the same as reported in my last report, that is where the swabs were taken within 48 hours of the onset of sickness, the nose swabs were positive for staphylococcus. We therefore arranged that all children in two classes of one school would be swabbed in the first day or two of the Spring Term, 1961. We would then compare the swabs with cases of winter sickness which developed within the first few weeks. Unfortunately, or possibly fortunately according to the point of view, there were no cases of winter sickness in January, 1961, so this experiment proved to be of no avail. However, in early May of 1961 a few cases occurred in Bernards Heath school and we were able to get swabs from them and, with the very kind co-operation of the parents, samples of blood and faeces for examination for virus. Blood and swabs of faeces have proved to be negative for virus but the numbers involved were very small.

On the whole, therefore, I am still inclined to the view that the most probable cause of winter sickness is infection by some group of staphylococci, though this of course cannot be considered in any way proved yet. In order to clarify the position a little I append a statement of the symptoms which we consider to be diagnostic of winter sickness.

1. Lethargy and/or irritability for a day or two days before:
2. Feeling of chilliness immediately preceding and during:
3. Sudden vomiting and/or diarrhoea. Happens at night in $\frac{2}{3}$ of cases.
4. During whole period a silvery pallor (yellowish behind ears and sometimes over temples) is most noticeable.

5. Pains in stomach and/or abdomen precede, accompany and often follow the attack of vomiting/diarrhoea. Distension of stomach area and abdomen is noticeable in most cases. Much "wind".
6. Yellow motions, dark urine* noted in most cases.
*Difficult to check with older children.
7. Phlegm and colourless slime is typically brought up in vomiting. Sometimes noted in motions.
8. Lethargy and irritability continue for as long as a month after attack in some cases.
9. Repeat attack (if at all) within 21 days.

Tuberculosis

CASES ON REGISTER AT 31st DECEMBER, 1960

	PULMONARY		NON-PULMONARY		Total
	Male	Female	Male	Female	
St. Albans City ...	244 (229)	141 (133)	16 (19)	18 (18)	419 (399)
St. Albans R.D. ...	164 (162)	126 (127)	11 (11)	15 (16)	316 (316)
TOTALS ...	408 (391)	267 (260)	27 (30)	33 (34)	735 (715)

Figures at 31.12.59 are in brackets.

The increases are, I believe, due to more intensive search for cases, e.g., Mass Radiography, and the better co-operation of other Local Authorities in notifying to us their cases moving into our district. I do not think the disease is, in fact, increasing.

Smallpox

There were no cases during 1960.

Vaccination

The following figures obtained from the Divisional Health Office relate to the St. Albans Division, which comprises St. Albans City, St. Albans R.D.C., Harpenden U.D.C. and Elstree R.D.C.

NUMBER OF PERSONS VACCINATED (OR RE-VACCINATED) DURING 1960

	Ages at 31st December					Total
	Under 1	1	2-4	5-14	15 and over	
Number vaccinated ...	1,642	81	44	50	56	1,873
Number re-vaccinated ...	—	—	6	25	124	155
Number of cases specially reported during period (age groups as above) ...	...	...	...	...	...	Nil
Number of births registered for the St. Albans Division ...	...					2,461
Primary vaccination rate per 100 births ...	...					76.13

Of the total number of primary vaccinations (1,873), 808 were done at County Council Clinics.

The primary vaccination rate of 76.1 per 100 births is down on last year (81.4).

I strongly advocate vaccination before the age of 1 year when the risks involved are negligible. Many people in later life find

they must be vaccinated either to travel abroad or take up some employment where vaccination is insisted upon. The risks in vaccination in later years are much greater, except when the primary vaccination has been done in infancy.

The great increase in air travel has also increased the risk of smallpox being brought into the country, as a case may be infected in, say, Egypt or India, and be here before the onset of the disease, whereas previously, by surface transport, the time involved in the journey ensured that the disease became apparent before landing in the United Kingdom.

Diphtheria

There were no cases reported in 1960.

Immunisation against Diphtheria

The following figures obtained from the Divisional Health Office relate to the St. Albans Division, which comprises St. Albans City, St. Albans R.D.C., Harpenden U.D.C. and Elstree R.D.C.

Number of children who completed a full course for Primary Immunisation in the Authorities' Area (including temporary residents) in 1960:—

Total number of children who were given a secondary or re-inforcing injection (i.e., subsequent to a complete full course):—

Age at date of final injection:

Under 5	5-15	Total	
2,308	118	2,426	1538

Number of births registered for the same area	...	...	2,461
Primary immunisation rate per 100 births	...	...	98.58

The numbers shown above include 1,590 children who received primary combined Whooping Cough–Diphtheria immunisation injections and 460 children who received reinforcing combined injections.

Whooping Cough

The following figures obtained from the Divisional Health Office relate to the St. Albans Division, which comprises St. Albans City, St. Albans R.D.C., Harpenden U.D.C. and Elstree R.D.C.

Number of children who completed a full course of Primary Immunisation in the Authorities' Area (including temporary residents) in 1960:—

Age at date of final injection:

Under 5	5-15	Total
2,124	52	2,176

These figures include 1,590 children who received a primary immunisation with a combined Whooping Cough–Diphtheria vaccine.

Several cases of Whooping Cough have occurred in children who have been immunised, but all such cases have been very mild indeed. We do not claim that whooping cough immunisation prevents whooping cough to anything like the extent that diphtheria immunisation prevents diphtheria, but it will prevent altogether the disease in most cases and, in others, turn what is a very long, distressing and sometimes fatal disease into what could fairly be called a "Minor Ailment".

It is very pleasing to be able to report that the percentage of children immunised against whooping cough and diphtheria is so high. In fact they may be slightly higher in that Harpenden figures, for instance, show over a 100% of babies born were immunised. This is obviously impossible and arises in that the postal address of many children immunised in Harpenden is given as Harpenden, but who in fact reside outside Harpenden Urban District.

Programme of Protective Inoculations

The following programme of inoculations has been recommended:—

Age	Visit	Vaccine	Inj.	Interval
2-6 months	1	Triple	1	
	2	(diphtheria, tetanus,	2	4 weeks or more
	3	pertussis)	3	4 weeks or more
		Smallpox some time during the first 5 years		
7-10 months	4	Poliomyelitis	4	
	5		5	4 weeks or more
15-18 months	6	Triple (diphtheria, tetanus, pertussis)	6	
		Poliomyelitis*	7	Same visit
School entry	7	Diphtheria and tetanus	8	
8-9 years	8	Diphtheria and tetanus Smallpox (re-vaccination)	9	Same visit
10-15 years	9	B.C.G.	10	

* There is no doubt that a fourth dose of poliomyelitis vaccine will be necessary, but the exact timing of this dose has not yet been decided.

We are now using a combined vaccine giving protection against whooping cough, diphtheria and tetanus. Tetanus is a very, very rare disease but unfortunately it is almost essential for any doctor in hospital dealing with accident cases to give anti-tetanic serum (not vaccine, it takes too long to act) in all cases where there are wounds. Now if this patient has had other sera the giving of anti-tetanic serum can cause very serious trouble, in fact it has caused death due to Anaphylaxis. Now if the patient has been immunised against tetanus by vaccine it is definitely unnecessary to give anti-tetanic serum but it is most important, therefore, that all patients who have

had vaccination against tetanus should carry on them at all times, the card showing when this was done. The patient may not be conscious when he arrives in hospital and cannot tell the doctor that he is immunised against tetanus and in any case his history is not always reliable. It has even been seriously suggested, and there is something in it, that all patients who have received tetanus vaccination should have the letter T tattooed on the buttock.

Poliomyelitis Vaccine

The only contraindications considered to be valid at present are the same as those applying to the other types of immunising procedures, viz., acute or intercurrent illness, poor or indifferent general health, acute constitutional disturbance, etc. If a child is to have tonsils or adenoids removed and is also due for the vaccine, it should be given at least two weeks before the operation if possible, in the hope that the child may develop some immunity.

In April 1961, the Ministry of Health announced on the wireless and in the Daily Papers, that it was advisable for all children, aged from 5 to 11, to have a 4th injection of poliomyelitis vaccine. No prior intimation was sent out to Health Authorities and the first day after the Minister's announcement we received many enquiries regarding this and had no official knowledge of it. Personally, I did not happen to hear the B.B.C. announcement on the 6 o'clock news, nor did I see the announcement in the papers until the afternoon.

A vaccine is being developed which is taken by mouth and is apparently very effective. It has been used on a very large scale in the United States of America and Russia and to a limited extent in this country, but only so far where an epidemic of poliomyelitis has broken out. Work on this vaccine has been going on for several years but until recently we were doubtful whether the vaccine, after being swallowed, would not through passage through the host become virulent. Unlike the Salk vaccine it is a living vaccine but so attenuated that does not produce actual cases of poliomyelitis.

The possibility of being able to combine poliomyelitis vaccine with the present triple vaccine against diphtheria, whooping cough and tetanus is under careful consideration. The difficulty will probably be in timing; it is very essential that the whooping cough vaccine should be given as early as possible, best before the age of 3 months, but poliomyelitis vaccine is generally rather ineffective before the age of 6 months.

B.C.G. Vaccine

If this vaccine is to be—or has been—given to a young child contact, there should be no immunising injections within six weeks before or after the B.C.G. vaccine.

APPENDIX
FACTORIES ACTS, 1937 to 1959

**ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
IN RESPECT OF THE YEAR 1960
FOR THE CITY OF ST. ALBANS**

IN THE COUNTY OF HERTFORDSHIRE

Prescribed Particulars on the Administration of the Factories Act, 1937

PART I OF THE ACT

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors):—

Premises	Number on Register	Number of Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sec. tions 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	240	168	6	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	—	—	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	36	21	—	—
TOTAL ...	276	189	6	—

2. Cases in which DEFECTS were found:—

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases".)

Particulars	Number of cases in which defects were found		Referred		Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	3	3	—	—	—
Overcrowding (S.2) .	—	—	—	—	—
Unreasonable tem- perature (S.3) ...	—	—	—	—	—
Inadequate ventila- tion (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary conveniences (S.7):					
(a) Insufficient ...	2	2	—	—	—
(b) Unsuitable or defective ...	2	2	—	—	—
(c) Not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not in- cluding offences relating to Out- work)	—	—	—	—	—
TOTALS ...	7	7	—	—	—

PART VIII OF THE ACT

Outwork (Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	Number of outworkers in August list required by Section 110 (1)(c)	Number of cases of default in sending lists to the Council	Number of prosecutions for failure to supply lists	Number of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel (Making, etc., Cleaning and Washing) ...	—	—	—	—	—	—
Household linen	—	—	—	—	—	—
Lace, lace curtains and nets ...	—	—	—	—	—	—
Curtains and furniture hangings	—	—	—	—	—	—
Furniture and upholstery ...	—	—	—	—	—	—
Electro-plate	—	—	—	—	—	—
File making	—	—	—	—	—	—
Brass and brass articles	—	—	—	—	—	—
Fur pulling	—	—	—	—	—	—
Iron and steel cables and chains	—	—	—	—	—	—
Iron and steel anchors and grapnels	—	—	—	—	—	—
Cart gear	—	—	—	—	—	—
Locks, latches and keys	—	—	—	—	—	—
Umbrellas, etc.	—	—	—	—	—	—

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

To the Mayor, Aldermen and Councillors
of the City of St. Albans.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present to you my twenty-second Annual Report on the work of the Department for the year 1960.

HOUSING

During the year six families from houses in Clearance Areas and five families from individual unfit houses were rehoused.

Representations were prepared concerning Clearance Areas in Old London Road and a large number of dwelling houses were rendered fit as the result of informal action. In only twenty-seven instances was it necessary to serve statutory notices and no legal proceedings were instituted.

INSPECTION AND SUPERVISION OF FOOD

In the great majority of food premises within the City a high standard of hygiene is maintained and I am again very pleased to acknowledge the co-operation of traders in matters of food and food hygiene, to which a considerable amount of time is devoted by the Inspectors.

The regular sampling of "Designated Milks" in the City has continued with the usual very good results and a one hundred per cent inspection of all carcasses and offal was maintained at the local slaughterhouse.

STAFF

Mr. L. A. Croft (Deputy Chief Health Inspector), Mr. J. Cabourne and Mr. B. W. Goode (Additional Inspectors) were all successful in obtaining the Smoke Inspectors Certificate of the Royal Society of Health.

To these, and the other members of the staff, I wish to express my appreciation of the efficient and courteous manner in which they have carried out their duties. I also wish to thank the Chairman and Members of the Public Health Committee for the support received from them throughout the year.

I am,

Your obedient Servant,

R. E. C. GODDARD,

Chief Public Health Inspector.

SANITARY INSPECTION OF THE AREA

The following is a summary of visits made during the year:—

Dwelling Houses	...	...	...	...	...	313
Complaints reported to Department	...	...	...	...	...	291
Complaints re rats and mice	...	...	...	...	...	315
Complaints re flies, ants, bed bugs, woodworm, etc.	...	...	...	...	...	33
Infectious disease and contacts	...	...	...	...	...	53
Disinfestation of verminous premises	...	...	...	...	...	33
New Council houses sprayed prior to occupation	...	...	...	...	...	22
Council houses sprayed prior to re-occupation	...	...	...	...	...	57
Common lodging houses	...	...	...	...	...	13
Factories and workplaces	...	...	...	...	...	92
Cinemas and public halls	...	...	...	...	...	4
Rats and mice	...	...	...	...	...	3,336
Drains examined and/or tested	...	...	...	...	...	14
Smoke observations	...	...	...	...	...	122
Tents, vans and sheds	...	...	...	...	...	67
Licensed premises	...	...	...	...	...	81
Interviews	...	...	...	...	...	204
Food premises (see later section)	...	...	...	...	...	1,151
Miscellaneous visits	...	...	...	...	...	556
Revisits to premises under notice (P.H. Acts)	...	...	...	...	...	789
Revisits to premises under notice (H. Acts)	...	...	...	...	...	307
Swimming Baths	...	...	...	...	...	10
Shop Acts	...	...	...	...	...	40
Public Market and food stalls	...	...	...	...	...	1,470
Pet shops	...	...	...	...	...	23
Water-cress beds	...	...	...	...	...	23
Mobile shops	...	...	...	...	...	25
Factory canteens	...	...	...	...	...	33
School canteens	...	...	...	...	...	15

DEFECTS REMEDIED AND SANITARY IMPROVEMENTS CARRIED OUT

The defects and nuisances remedied or abated were 1,015 and 186 preliminary and 27 statutory notices were served in connection therewith.

In addition to these notices the abatement of insanitary conditions is effected by an interview with those directly concerned.

The following summary gives particulars of work carried out as a result of inspections:—

Damp walls	...	...	...	...	...	...	142
Defective roofs, spoutings and down pipes	...	...	...	...	...	...	110
Defective floors, walls and ceilings	...	...	...	...	...	...	134
Defective window frames and sash cords	...	...	...	...	...	...	77
Drains cleared and/or repaired	...	...	...	...	...	...	98
Drains connected to sewer	...	...	...	...	...	...	10
New W.C.s provided	...	...	...	...	...	...	14
W.C. compartments repaired	...	...	...	...	...	...	32
W.C. pedestals provided	...	...	...	...	...	...	20
W.C. cisterns provided or repaired	...	...	...	...	...	...	29
Dustbins provided	...	...	...	...	...	...	34
Offensive accumulations removed	...	...	...	...	...	...	8
Foodstore provided or repaired	...	...	...	...	...	...	7
Chimney and stack repaired	...	...	...	...	...	...	17
Yards and passages paved or repaired	...	...	...	...	...	...	12
Animals—Nuisances abated	...	...	...	...	...	...	3
Contraventions remedied in shops	...	...	...	...	...	...	28
Contraventions remedied in food premises	...	...	...	...	...	...	55
Miscellaneous	...	...	...	...	...	...	109
Hot water supplies	...	...	...	...	...	...	17
Wash-hand basins supplied	...	...	...	...	...	...	26
Factories	...	...	...	...	...	...	33

DISINFECTION

Enquiries are made with regard to infectious diseases and to contacts from other infected areas.

Disinfection of rooms is carried out following cases of infectious diseases and in connection with cases of Tuberculosis and Cancer.

Forty-nine cases of infectious diseases were enquired into and four houses or rooms connected therewith fumigated. Four houses in connection with Cancer were also fumigated.

DISINFESTATION

1. Eradication of Bed Bugs, etc.,

During the year, five treatments with an effective insecticide were carried out.

Of the premises treated, two were private dwellings and three were Council houses.

As a preventive measure twenty-two new Council houses were sprayed with an insecticide before occupation and fifty-seven Council houses before re-occupation.

2. Other Vermin—Ants, Earwigs, etc.

Seventeen houses infested with ants and sixteen houses infested with earwigs were reported to the department and treated with insecticide.

Three hundred and thirty-eight wasps nests were also destroyed by the Public Health Assistant.

HOUSING

HOUSES IN CLEARANCE AREAS AND UNFIT HOUSES ELSEWHERE

A. HOUSES DEMOLISHED

In Clearance Areas

	Houses Demolished	Displaced during quarter	
		Persons	Families
(1) Houses unfit for human habitation	54	11	4
(2) Houses included by reason of bad arrangement, etc.	—	—	—
(3) Houses on land acquired under Section 43 (2) Housing Act 1957 ...	—	—	—

NOT in Clearance Areas

(4) As a result of formal or informal procedure under Sec. 17 (1) Housing Act 1957	22	—	—
(5) Local Authority owned houses certified unfit by Medical Officer of Health	—	—	—
(6) Houses unfit for human habitation where action has been taken under local Acts	—	—	—
(7) Unfit houses included in Unfitness Orders	—	—	—

B. UNFIT HOUSES CLOSED

(8) Under Sections 16(4), 17(1) and 35 (1), Housing Act, 1957	4	13	6
(9) Under Section 17(3) and 26, Housing Act, 1957	—	—	—
(10) Parts of buildings closed under Section 18, Housing Act, 1957 ...	—	3	1

C. UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED

	By Owner	By Local Authority
(11) After informal action by local authority	186	—
(12) After formal notice under		
(a) Public Health Acts	18	—
(b) Sections 9 and 16, Housing Act, 1957	9	—
(13) Under Section 24, Housing Act, 1957	—	—

D. UNFIT HOUSES IN TEMPORARY USE (Housing Act, 1957)**Position at end of Quarter**

	Number of Houses (1)	Number of separate dwellings contained in column (1) (2)
(14) Retained for temporary accommodation		
(a) Under Section 48	—	—
(b) Under Section 17(2)	—	—
(c) Under Section 46	—	—
(15) Licensed for temporary occupation under Sections 34 or 53	—	—

E. PURCHASE OF HOUSES BY AGREEMENT

	Number of Houses (1)	Number of occupants of houses in column (1) (2)
(16) Houses in Clearance Areas other than those included in confirmed Clearance Orders or Compulsory Orders, purchased in the quarter	—	—

COMMON LODGING HOUSES

There are two registered Common Lodging Houses in the City and these have been well conducted.

MOVEABLE DWELLINGS

During the year under review the City Council approved the renewal of licences in respect of the stationing of seventeen caravans, situated as single caravans or in small groups, in various parts of the City. New licences were granted under similar conditions in respect of three caravans.

The Corporation now owns three sites—one at Abbey Camp, which holds fourteen caravans, one at Folly Avenue, which holds ten caravans, and one at Drake's Drive, which holds thirty caravans.

RODENT CONTROL

The work in connection with the destruction of rats and mice has again been carried out efficiently and the standard methods, as recommended by the Ministry, have been maintained.

The work is divided into two main sections—private and business premises—and the latter is sub-divided into casual and annual contracts.

Thirteen treatments were carried out at Local Authority properties, four hundred and one at dwelling houses and one hundred and eighty-six at other premises (including business premises).

Treatment of the soil system of sewers was carried out on two occasions and, as previously, infestation was found to be in the older part of the system.

PREVENTION OF DAMAGE BY PESTS ACT 1949

	TYPE OF PRIORITY				(5) Agricultural
	Non-Agricultural				
	(1) Local Authority	(2) Dwelling Houses (inc. Council Houses) 15,435	(3) All other (including Business Premises) 1,819	(4) Totals of columns (1) (2) and (3) 17,299	
1. Number of properties in Local Authority's District ...	45				7
2. Number of properties inspected as a result of:—	7				
(a) Notification	20	240	68	315	7
(b) Survey under the Act		440	150	610	
(c) Otherwise (e.g. when visited primarily for some other purpose)	10				
3. Total inspections carried out including re-inspections	141	1,400	1,643	3,053	2
4. Number of properties inspected (in Section 2) which were found to be infested by:		4,891	2,461	7,493	14
(a) Rats—Major	—	—	—	—	—
Minor	10	320	105	435	—
(b) Mice—Major	—	—	—	—	—
Minor	1	80	45	126	—
5. Number of infested properties (in Section 4) treated by the L.A.	11	400	150	561	—
6. Total treatments carried out including re-treatments ...	14	432	209	655	—
7. Number of notices served under Section 4 of the Act:					
(a) Treatment	—	—	—	—	—
(b) Structural Work	—	21	34	55	—
8. Number of cases in which default action was taken following the issue of notice under Section 4 of the Act	—	—	—	—	—
9. Number of “Block” control schemes carried out ...	—	—	—	—	—
10. Legal Proceedings	—	—	—	—	—

PET ANIMALS ACT, 1951

This Act came into force on 1st April 1952, and the City Council adopted the recommendations of the Royal Society for the Prevention of Cruelty to Animals regarding conditions of licence.

Three licences were renewed during the year.

SMOKE ABATEMENT

Throughout the year observations were made of factory chimneys within the City regarding excessive emission of smoke.

Managements were interviewed and advice given. Assistance was also obtained from the representatives of the Ministry of Fuel and Power.

SWIMMING BATHS

Water at the Corporation Swimming Baths in Cottonmill Lane is obtained from the main supply of the Colne Valley Water Company.

Regular inspections of the Bath have been carried out and twenty samples, ten from the shallow (inlet) and ten from the deep (outlet) end were taken covering the period May to September(and all proved to be satisfactory.

In addition, samples were taken during the same period from the pool at St. Albans School, St. Albans High School and Birklands School. This work is advisory and is done in co-operation with the school authorities.

SEWERAGE

With the exception of a few houses connected to cesspools all properties are on main drainage, the whole of the City being within the area of the West Herts Sewage Board.

INSPECTION AND SUPERVISION OF FOOD

Premises

The following table shows the visits paid to food premises during the year:—

Grocery and provision shops	...	...	...	...	191
Bakehouses	...	...	...	...	45
Cooked food premises (including restaurants, kitchens and cafes)	...	...	...	...	94
Fish shops (including fried fish premises)	...	...	...	...	43
Dairies and milk shops	...	...	...	...	165
Slaughterhouses and butchers' shops	...	...	...	...	290
Ice cream premises	...	...	...	...	51
Licensed premises	...	...	...	...	81
Other food premises	...	...	...	...	191

As will be seen from the foregoing, regular inspections of food premises have been carried out throughout the year.

These included bakehouses, of which there are thirteen on the register, fish fryers of which there are three and hotels and public houses at five of which structural improvements, including the provision of additional lavatory accommodation, have been carried out.

A list of food condemned at these and other premises is included in a later paragraph.

All food stalls on the Saturday market have been visited regularly and the stallholders have co-operated well in the handling and displaying of foodstuffs.

COMPLAINTS RE FOOD

Six complaints regarding the condition of various articles of food were received during the year.

A blackcurrant and apple pie was alleged to contain a finger nail but upon examination it was found to be a portion of dried apple septum.

Samples of rum obtained from licensed premises following a complaint that the rum had been adulterated, were found to be fully up to fiscal strength, the general condition satisfactory and no evidence whatever of any dilution.

A further complaint concerned a tin of grapefruit which it was alleged contained some yellowish-white deposit.

The deposit when submitted to an examination was found to consist of needle shaped crystals having the appearance and characteristics of a Glucoside known as Naringin, a substance which occurs naturally in Grapefruit and possesses a bitter flavour.

Following the discovery of a bee in a loaf of bread, legal proceedings were instituted against the bakers who were, however, granted an absolute discharge on payment of four guineas cost.

Legal proceedings were also instituted against a firm for selling a pie in a mouldy condition. The case was dismissed.

A member of the Council drew attention to a national press article concerning the condition of bubble gum obtained from slot machines.

Samples of bubble gum from three similar machines in the City were submitted for bacteriological examination, but no pathogenic organisms were discovered.

MEAT INSPECTION

Sixty-seven visits have been made to local slaughterhouses for the inspection and examination of carcasses for human consumption, as shown in the following table.

In addition, fifty-three visits have been made to Sandridge Slaughterhouse in co-operation with St. Albans Rural District Council and the following have been examined, viz:—

Cattle	Calves	Sheep	Pigs
338	150	473	2,542

CARCASES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART

	Cattle Excluding Cows	Calves	Sheep and Lambs	Pigs	TOTAL
Number killed (if known) ...	103	34	103	346	586
Number inspected ...	103	34	103	346	586
All diseases except Tuberculosis and Cysticerci					
Whole carcases condemned ...	—	—	—	—	—
Carcases of which some part or organ was condemned ...	11	—	3	13	27
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci ...	10.6	—	2.9	3.7	4.6
Tuberculosis only					
Whole carcases condemned ...	—	—	—	—	—
Carcases of which some part or organ was condemned ...	—	—	—	1	1
Percentage of the number inspected affected with tuberculosis ...	—	—	—	0.3	0.17
Cysticercosis					
Carcases of which some part of organ was condemned ...	—	—	—	—	—
Carcase submitted to treatment by refrigeration ...	—	—	—	—	—
Generalised and totally condemned ...	—	—	—	—	—

(a) Premises ICE CREAM

Premises (including ten registered during the year) for the sale of ice cream under Section 16 of the Food and Drugs Act 1955 are as follows:—

Manufacture and sale of ice cream	...	...	...	2
Sale of ice cream	...	...	...	156

Regular inspection was made of these premises and at a number, structural alterations and improvements have been carried out.

The premises used by retailers are all provided with portable cabinets for storage of ice cream which is received in bulk from the manufacturers.

(b) Bacteriological Examination

The results of the bacteriological examination of ice cream during the year were very satisfactory.

Of the six samples examined, all were placed in Grade I.

(c) Chemical Examination

Eleven samples of ice cream were submitted for chemical analysis and the Public Analyst reported that they were of good quality and complied with the requirements of the Food Standards (Ice Cream) (Amendment) Order 1953.

PRESERVED FOODS, ETC.

The following premises are registered for the preparation and manufacture of preserved food:—

Sausages	...	...	...	...	...	...	...	33
Meat pressing	...	...	...	...	...	...	...	1
Meat pickling	...	...	...	...	...	...	...	11
Meat preservation	...	...	...	...	...	...	...	12
Ham cooking	...	...	...	...	...	...	...	10
Meat pies	...	...	...	...	...	...	...	2
Sausage cooking	...	...	...	...	...	...	...	1
Fish frying	...	...	...	...	...	...	...	3

MILK AND DAIRIES**Milk and Dairies Regulations, 1949**

Number of premises registered as Dairies at 31.12.60	4
Number of persons registered as Distributors at 31.12.60	44

Milk (Special Designation) (Raw Milk) Regulations 1949

Number of persons holding at 31.12.60 Dealers' Licences authorising the use of the special designation "Tuberculin Tested"	8
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Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulation 1949

Number of persons holding at 31.12.60—	
Dealers' (Pasteuriser's) Licences	2
Dealers' Licences authorising the use of the special Designation "Pasteurised")	17
Dealers' Licences authorising the use of the special Designation "Sterilised"	32

The following table shows the results of the bacteriological examination of samples of "Designated" milk during 1960. In the course of these examinations "Tuberculin Tested" milks are submitted to the Methylene Blue Test and "Pasteurised" milks to the Methylene Blue and Phosphatase Tests.

Designation	No. of Samples	Methylene Blue Test		Phosphatase Test	
		Passed	Failed	Passed	Failed
Tuberculin Tested	35 (39)	33 (33)	2 (6)	— (—)	— (—)
Tuberculin Tested (Pasteurised)	117 (167)	116 (167)	1 (—)	117 (167)	— (—)
Channel Island S. Devon (Pasteurised)	63 (66)	63 (66)	— (—)	63 (66)	— (—)
Pasteurised	117 (170)	117 (170)	— (—)	117 (170)	— (—)
TOTALS	332 (442)	329 (436)	3 (6)	297 (403)	— (—)

The figures in brackets refer to the corresponding results in 1959.

FOODS AND DRUGS

Samples

During 1960 one hundred and forty-one samples were submitted to the Public Analyst (Mr. C. W. McHugo, F.R.I.C.) for chemical analysis. These included sixty-six of milk, three each of pork and beef sausages, two each of self-raising flour, dripping and "Coruba" Jamaican Rum, and one each of meat pudding (canned), baked beans with hamburgers (canned), mushrooms (canned), minced beef (canned), steak cutlets (canned), beefsteak pie, minced turkey, dressed crab, veal and ham pie, pork pie, faggots, black pudding, beef croquettes, saveloys, mock salmon cutlets, haslett, chopped pork, shredded suet, castor oil, Friars Balsam, sal volatali, camphorated oil, tincture of quinine, glycerine, eucalyptus oil, tincture of iodine, cake fruit, desiccated coconut, cochineal, cream topping, table jelly, cube sugar, Devon cream, sweet chutney pickle, ground almonds, marmalade, mincemeat, marzipan, mix-a-shake, milk shake cordial, "Squeeze", vinegar, custard powder, French coffee, lemon juice, milk shake syrup, cream cheese spread, lard, butter, lime juice (diatetic), lemon squash (diatetic), orange (diatetic) grapefruit squash, non-alcoholic ginger, blackcurrant flavoured cordial orange squash, lemon barley, lime juice cordial, lemon squash, peppermint cordial, lime marmalade, lime marmalade (sugar free) and W. Indian marmalade.

WATER SUPPLIES

Quarterly samples of water from the mains supply of the Colne Valley Water Company have been submitted to the Public Analyst for bacteriological examination.

Mr. McHugo reported that the water possesses a high degree of bacteriological purity and fully complies with the requirements of a supply intended for general and public use.

The whole of the City area is served from public water mains direct to the houses with the exception of a very small number of houses in proposed Clearance Areas, where the pipes supply is by means of standpipes.

INSPECTION OF MEAT AND OTHER FOODS

Lamb (Imported)	9½ lbs.
Lambs Livers (Imported)	15½ „
Lambs Tongues (Imported)	3 „
Pigs Kidneys (Imported)	30 „
Pork (Home killed)	132 „
Pork Shoulder	121 „
Chopped Pork	40 „
Pork Brawn	13 „
Cooked Pork	70 „
Pork	132 „
Ox Tongue	105 „
Ox Kidneys	73 „
Jellied Veal	89 „
Veal	12 „
Sausages	30 „
Corned Beef	600 „
Pork Luncheon Meat	215 „
Luncheon Meat	162 „
Stewed Steak	184 „
Ham	583 „
Steak and Kidney Pudding	20 „
Chickens (Canned)	46½ „
Fish	10½ stone
Jersey Potatoes	9½ cwt.
Macaroni Shells	1,450 kgs.
Currants	7 lbs.
Prunes	84 „
Tomato Pasta	10 „
Frozen Food	154 pkts.
Frozen Eggs	14 lbs.
Bacon	354 „
Cheese	25 pkts.
Rice Pudding	26 tins
Tinned Fruit	681 „
„ Vegetables	642 „
„ Milk	64 „
„ Fish	53 „
„ Soup	18 „
Miscellaneous	68 „
„	24 pkts.
„	10 jars

